



PUBLIC WATER SUPPLY INFORMATION REQUEST FORM

Greetings to All Public Water Supply Systems:

The Department of Environmental Quality requests that you fill out and return this form with your signature. It is important to have all of your contact information and the number of active connections updated.

The number of current, active connections will be used to calculate your **September 2018** Invoice.

The Financial Contact name and mailing address will be used to mail your invoice for payment. Other contact information can be utilized in the event that your mailed invoice is returned undeliverable.

**Please do not send money until you receive your invoice from
DEQ, September 2018**

According to ARM 17.38.248 (4): *Each community public water supply system supplier shall determine the total number of active service connections for each fiscal year based on an assessment that occurs between June 1 and August 15 of that fiscal year;* this Public Water Supply Update Form is for all public water supply systems.

All changes postmarked after August 18, 2018 will not be reflected on your 2018 Invoice. No refunds or credits will be given on changes received after August 18, 2018.

If you have any questions, please notify Kindra Rissmann at (406) 444-2429 or email krissmann2@mt.gov.

After filling out the form, please push the submit button or mail to Department of Environmental Quality, Water Quality Division, PWS P O Box 200901, Helena MT 59620-0901, Thank you for your prompt attention to this matter.

Kindra Rissmann, Data / Collections Specialist
Public Water Supply Program

PWS ID#

System Name

Number of Active connections as of July 31, 2018: _____

Do you have changes to your financial contact information? YES NO

Financial Contact Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Do you have changes to your administrative contact information? YES NO

Administrative Contact Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Do you have changes to your owner information? YES NO

Owner Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Reminder Service

DEQ is planning to utilize the assistance of automatic notification system to remind PWS to collect compliance samples. The notifications can take the form of phone calls and/or emails. There is no charge for this helpful service. If your PWS would like this reminder service, please opt in by providing the necessary information below. PWS can discontinue calls at any time by notifying DEQ. The phone calls will consist of a recorded message that will be provided to an answered phone or a voice message.

An example of the recording: “As a PWS you are required to sample for nitrates. According to DEQ records, your PWS has not satisfied these requirements for this compliance period. This sample is due by the end of the month. If you have questions please call 444-XXXX.”

Phone numbers with extensions are not eligible for this service. DEQ is planning to begin implementing this service this year. Further questions can be directed to Scott Patterson at 406-444-5360 or spatterson@mt.gov.

I want to sign up for and receive reminder phone calls and/or emails at the following phone number _____ or email _____.

I prefer the message to a ___ phone call or ___ email [check all that apply].

I hereby certify that I am an authorized signature on behalf of the system for any information contained herein or changes made to the system information:

Signature: _____ Date: _____